



APPLICATION for APPROVED IME EXAMINER

Use this application to be considered for the
Dept. of Labor & Industries' approved list of
Independent Medical Examiners.

Please print and complete the information below.

Your name		MD <input type="checkbox"/>	DO <input type="checkbox"/>	DC <input type="checkbox"/>	DPM <input type="checkbox"/>	DDS <input type="checkbox"/>	Your personal L&I Provider No.
Mailing address							Phone number ()
City		State		ZIP+4		FAX number ()	
Office location, if different than mailing address							E-mail address
City		State		ZIP+4		Do you accept microfiche <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you had charges/actions on your license to practice in any state or country? <input type="checkbox"/> No <input type="checkbox"/> Yes Please attach copy of charges or actions.				Have you been charged with criminal activity or a gross misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes Please give details on separate sheet			
Have your hospital privileges in any state or country ever been modified or withdrawn? <input type="checkbox"/> No <input type="checkbox"/> Yes Please give details on separate sheet.							
List your specialty areas:							
List your sub-specialties, if any:							

- Do you provide direct patient care in your practice (excluding IME's)?

☐ No ☐ Yes If yes, please indicate:

☐ Full time

☐ Part-time, _____ average hrs/wk in last two years.

If part-time, please attach a description of the nature of
your practice, location and hours.

- Do you have hospital privileges? ☐ No ☐ Yes

If yes, name hospital & city: _____

Geographic locations where you are willing to perform IME's

List foreign languages spoken fluently:

**Doctors licensed to perform medicine and surgery, osteopathic
medicine and surgery, podiatric medicine and surgery, and
dentistry, please complete the following:**

NOTE: Please attach copy of
your curriculum vitae,
medical license and board
certification.

I am certified by a board recognized by:

☐ American Board of Medical Specialties:

Name of Board(s) _____

☐ American Bureau of Osteopathic Specialties

Name of Board(s) _____

☐ American Board of Podiatric Surgery

☐ American Board of Oral and Maxillofacial Surgery

☐ Other: _____

☐ I have completed a fellowship(s) in: _____

**Doctors licensed to practice chiropractic
please complete the following:**

NOTE: Please attach copy of your
curriculum vitae and chiropractic license.

☐ I have served as an approved L&I chiropractic consultant for at least two years: From _____ to _____.

☐ I have taken an impairment rating course for Washington State approved by the Department of Labor & Industries.
Date _____

☐ I have attended the Department's annual Chiropractic Consultant or IME Examiners seminar in the previous 24
months. Date _____

List your CE credits within the last three years in the fields of industrial insurance statutes, regulations and policies, impairment rating, performance of IMEs and occupational injury and disease: (Include attachments as needed.)

Date	Name of course	City	State	Number of credit hours

WAC 296-23-26503 INDEPENDENT MEDICAL EXAMINATIONS EXAMINER

What factors does the medical director consider in approving, suspending or removing doctors from the approved examiners list?

The medical director may consider several factors in approving, disapproving, or suspending examiners. Examples include, but are not limited to:

- (1) Board certification;
- (2) Complaints from workers about the conduct of the examiner (see WAC 296-23-26506);
- (3) Disciplinary proceedings or actions;
- (4) Experience in direct patient care in the area of specialty;
- (5) Ability to effectively convey and substantiate medical opinions and conclusions concerning workers;
- (6) Quality and timeliness of reports;
- (7) Geographical need of the department and self-insurer;
- (8) Availability and willingness to testify on behalf of the department, worker, or employer; and
- (9) Acceptance of the department fee schedule rate for testimony.

I request approval as an independent medical examiner. I will provide independent, objective and timely medical decisions in all cases that come before me. I understand that it is the expectation of the department that all workers will be treated with dignity and respect.

I understand my performance will be measured by the quality of my examinations and reports, and not by whether my recommendations are perceived as favorable or unfavorable to the parties involved. I am not obliged to accept referrals and am not guaranteed referrals. If I do perform an evaluation, I shall make myself available to testify and to answer questions about the medical facts of the case at rates established under the authority of Washington industrial insurance law.

I understand that only fully qualified examiners will be approved. I agree to maintain my qualifications by staying informed of disability rating systems and completing at least 12 credit hours of continuing education every three years in the field of industrial insurance statutes, regulations and policies, impairment rating, performance of IMEs and occupational injury and disease.

I will not base my findings on the absence or presence of an attorney in the case or on the potential size of an award. If I am offered financial awards to influence my decision, I will decline the case and report the situation to Labor and Industries Office of the Medical Director. I realize that examinations performed for Labor and Industries and self-insurers are paid according to a published fee schedule.

I have provided complete and accurate information regarding the status of my license, my specialties and my ability to practice. I will immediately notify the Labor and Industries Medical Director and provide a copy of the charges or final order should any of the following situations occur:

- 1) Any temporary or permanent probation, suspension, revocation, or limitation is placed on my license to practice by any court, board, or administrative agency;
- 2) I am charged with any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court, or board;
- 3) I am convicted of any crime, gross misdemeanor, felony or violation of statutes or rules by any administrative agency, court, or board.

I understand that:

- It is my responsibility to inform the department in writing if there is any change in the status of my practice or license and of any current or completed actions of any nature.
- If I do not meet criteria I may not be approved as an IME examiner.
- The privilege of continuing as an IME examiner is not guaranteed.
- If approved, I may be removed from the examiners list at any time on the basis of factors including, but not limited to, examples given in WAC 296-20-015 and WAC 296-23-26503, as well as failure to meet criteria.

Attach a current copy of your
Washington, Oregon or Idaho
license to practice and
curriculum vitae

Date

Signature